

**DOMESTIC
LIMITED PARTNERSHIP**

STATE OF MAINE

**NOTICE OF RESIGNATION
OF REGISTERED AGENT**

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Name of Limited Partnership)

- ☐ Names of additional limited partnerships are attached hereto as Exhibit ____, and made a part hereof.

Pursuant to [31 MRSA §407.3](#) and [31 MRSA §422.3.E](#), the undersigned has resigned as the registered agent of the limited partnership(s) named herein and executes and delivers the following Notice of Resignation of Registered Agent:

FIRST:

The name of its successor registered agent, an individual Maine resident or a corporation, foreign or domestic, authorized to do business or carry on activities in Maine, and the address of the new registered office shall be (if none, so indicate)

(name)

(physical location - street (not P.O. Box), city, state and zip code)

(mailing address if different from above)

A statement approving the change to the successor registered agent, executed by each affected limited partnership and signed by a general partner, is attached.

SECOND:

When the registered agent **does not** appoint a successor, an affidavit **must** be attached, signed by the registered agent and setting forth the following information:

- (a) The date on which the notice of resignation was sent by certified or registered mail to a general partner of each limited partnership from which the registered agent is resigning as registered agent; and
- (b) The name, capacity and address of the general partner for each limited partnership to which the notice of resignation was sent.

This resignation becomes effective upon filing this certificate with the Secretary of State.

Resigning Registered Agent*

DATED _____

(signature)

(type or print name)

For Resigning Registered Agent which is a Corporation

Name of Corporation _____

By _____
(authorized signature)

(type or print name and capacity)

The following shall be completed by the successor registered agent **unless** this document is accompanied by Form [MLPA-18 \(31 MRSA §407.1-A\)](#)

The undersigned hereby accepts the appointment as registered agent for the above named limited partnership(s).

Registered Agent

DATED _____

(signature)

(type or print name)

For Registered Agent which is a Corporation

Name of Corporation _____

By _____
(authorized signature)

(type or print name and capacity)

*Certificate **MUST** be signed by the registered agent.

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under [17-A MRSA §453](#).

Please remit your payment made payable to the Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**